



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

Livestock Facility Inspection Checklist

| GENERAL INFORMATION | | | | | | | | | |
|--|-----------------------------|----------------------|--------------------------|--|--|---|---|---|---|
| TYPE OF INSPECTION: <input checked="" type="checkbox"/> CAFO <input type="checkbox"/> COMPLAINT <input type="checkbox"/> RECONNAISSANCE <input type="checkbox"/> ERU FOLLOW UP <input type="checkbox"/> OPERATOR REQUEST <input type="checkbox"/> OTHER | | | | | | | | | |
| FACILITY NAME (LLC, Inc., Corp, Partnership, sole proprietorship, etc.) Thole Ag, Inc. | | | | | INSPECTION DATE 5/08/13 | | ARRIVAL TIME 10:00AM | | DEPARTURE TIME 1:15PM |
| ADDRESS 5107 Lee Road | | | | LATITUDE (Decimal) N 38.655848 | | LONGITUDE (Decimal) W 89.611917 | | GPS Measured <input type="checkbox"/> Google Earth <input checked="" type="checkbox"/> | |
| CITY Aviston | | STATE IL | ZIP CODE 62216 | INSPECTOR(s) Joe Stitely | | | ACCOMPANIED BY (if applicable) Brian Rodely | | |
| COUNTY Madison | | SECTION 36 | TOWNSHIP 3N | RANGE 5W | POLITICAL TOWNSHIP Helvetia | | TEMP. 72 F | PRECIP. TYPE / AMT LAST 24HR Rain/0.10" | |
| Facility Owner(s): <small>Exemption 6 and Exemption 7(C)</small> | NAME Daniel Thole | | | | CONTACTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | PHONE | | MOBILE <small>Exemption 6 and Exemption 7(C)</small> |
| | ADDRESS | | | CITY | | | STATE | | ZIP CODE |
| | NAME | | | | CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO | | PHONE | | MOBILE |
| | ADDRESS | | | CITY | | | STATE | | ZIP CODE |
| Facility Operator(s): <small>Exemption 6 and Exemption 7(C)</small> | NAME | | | | CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO | | PHONE | | MOBILE |
| | ADDRESS | | | CITY | | | STATE | | ZIP CODE |
| | NAME | | | | CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO | | PHONE | | MOBILE |
| | ADDRESS | | | CITY | | | STATE | | ZIP CODE |
| NPDES PERMIT INFORMATION (If no NPDES Permit, skip this section) | | | | | | | | | |
| 1. What type of NPDES permit has been issued? <input checked="" type="checkbox"/> No NPDES Permit <input type="checkbox"/> Individual NPDES Permit <input type="checkbox"/> General NPDES Permit | | | | | | | | NPDES # | |
| 2. What date was the NPDES permit issued? | | | | | | | | | |
| 3. What date does the NPDES permit expire? | | | | | | | | | |
| 4. Is a copy of the NPDES permit onsite? | | | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 5. Permitted number of animals (no. & specie)? | | | | | | | | | |
| 6. Does the NPDES Permit contain a compliance schedule? | | | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 7. Have there been any changes made to the production area since the permit was issued? | | | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| If "YES", provide a detailed description of those changes. | | | | | | | | | |

| LAND APPLICATION/NUTRIENT MANAGEMENT | | | | | | | | | | |
|---|--|---|--|---|--|--|---|--|--|---|
| 1. How many TOTAL acres are available for land application? <u>1,700</u> acres | | | | | | | | | | |
| 2. How many acres are READILY available for land application at the time of inspection? <u>1,450</u> acres | | | | | | | | | | |
| 3. Estimated annual quantities of liquid waste <u>3 million</u> gallons | | | | | | | | | | |
| 4. Estimated annual quantities of solid waste <u>2,300</u> tons | | | | | | | | | | |
| 5. Does the facility have a contractor perform land application? If "YES", Name of Contractor: <u>Burkholder</u> | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | | | | | | | | |
| 6. What type of land application equipment is available to the facility? <input checked="" type="checkbox"/> Umbilical Injection <input checked="" type="checkbox"/> Honeywagon Injection <input type="checkbox"/> Honeywagon Surface <input type="checkbox"/> Irrigation <input type="checkbox"/> Rotational Gun <input type="checkbox"/> Manure Spreader <input type="checkbox"/> Vegetative Filter <input type="checkbox"/> Other _____ | | | | | | | | | | |
| 7. Does the facility calibrate the land application equipment? If "YES", What method is used? Manufacturer's Recommendations | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | | | | | | | | |
| 8. Does the facility land apply within the 150 foot setback from any water well? If "YES", Explain | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | | | | | | | | |
| 9. Does the facility land apply within the 200 foot setback from any surface water? If "YES", Explain | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | | | | | | | | |
| 10. Does the facility land apply near any residences? If "YES", Explain Neighbor to a field. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | | | | | | | | |
| 11. Is livestock waste transferred off-site to another party? If "YES", Are records of manure transfers kept? If "YES", Ask to see records | <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO <input type="checkbox"/> NO | | | | | | | | |
| 12. Does the facility have a current NMP or CNMP? If "YES", Does the facility maintain a copy of the nutrient management plan (NMP) onsite? | <input type="checkbox"/> YES <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO <input type="checkbox"/> NO | | | | | | | | |
| 13. Does the NMP reflect the current operational characteristics (number of animals, cropping, etc.)? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | | | | | | | | |
| 14. Are the number of acres owned/leased consistent with those in the NMP? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | | | | | | | | |
| 15. Is manure and wastewater being applied in accordance with setback/buffer requirements of the NMP? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | | | | | | | | |
| 16. Are all of the records identified in the NMP being maintained and kept current? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | | | | | | | | |
| 17. Are records being maintained at the required frequency? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | | | | | | | | |
| 18. Are records being maintained onsite for the period required by NMP and/or NPDES permit? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | | | | | | | | |
| 19. Confirm the NMP adequately addresses the following: <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Chemicals, Contaminants, & Mortalities Properly Disposed - not Directly Disposed in Waste Handling System</td> <td><input type="checkbox"/> Storage & Maintenance of Waste Handling System</td> </tr> <tr> <td><input type="checkbox"/> Animals not in Direct Contact with Waters of US</td> <td><input type="checkbox"/> Clean Water Diverted from Waste Handling System</td> </tr> <tr> <td><input type="checkbox"/> Site Specific Buffers & Conservation Practices</td> <td><input type="checkbox"/> Protocols for Soil & Manure Testing</td> </tr> <tr> <td><input type="checkbox"/> Land Application Protocols for Nutrient Utilization</td> <td><input type="checkbox"/> Records Maintained to Document Above</td> </tr> </table> | | | <input type="checkbox"/> Chemicals, Contaminants, & Mortalities Properly Disposed - not Directly Disposed in Waste Handling System | <input type="checkbox"/> Storage & Maintenance of Waste Handling System | <input type="checkbox"/> Animals not in Direct Contact with Waters of US | <input type="checkbox"/> Clean Water Diverted from Waste Handling System | <input type="checkbox"/> Site Specific Buffers & Conservation Practices | <input type="checkbox"/> Protocols for Soil & Manure Testing | <input type="checkbox"/> Land Application Protocols for Nutrient Utilization | <input type="checkbox"/> Records Maintained to Document Above |
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| <input type="checkbox"/> Site Specific Buffers & Conservation Practices | <input type="checkbox"/> Protocols for Soil & Manure Testing | | | | | | | | | |
| <input type="checkbox"/> Land Application Protocols for Nutrient Utilization | <input type="checkbox"/> Records Maintained to Document Above | | | | | | | | | |

LIVESTOCK FACILITY DESCRIPTION

| Type of Animals | Number of Animals (currently) | Animal Capacity | Type of Confinement | Number of Structures |
|-----------------|-------------------------------|-----------------|-----------------------|----------------------|
| DAIRY MILKING | 650 | 650 | OPEN CONCRETE FEEDLOT | Multiple |
| DAIRY DRY | 25 | | TOTAL CONFINEMENT BDG | 1 |
| DAIRY DRY | | | OPEN EARTHEN FEEDLOT | 1 |
| CALVES | 45 | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

Does the facility have an Illinois Certified Livestock Manager (300 or greater animal units)? ☐ N/A ☒ YES ☐ NO

If greater than 1000 animal units but less than 5000 animal units, does the facility have a waste management plan? ☒ N/A ☐ YES ☐ NO

If greater than 5000 animal units, has the facility submitted a waste management plan to IDOA for review? ☒ N/A ☐ YES ☐ NO

Does the facility have any other locations under common ownership, or where equipment and/or manure is shared, or where the other site shares land application sites? If so, put names and addresses below. ☐ YES ☒ NO

LIVESTOCK WASTE STORAGE

- Does the facility have any existing livestock waste containment system? ☒ YES ☐ NO
If NO, then proceed to question 10.
- General description of the waste containment system (include solid and liquid manure handling, mortality, and feed storage areas).
Two-stage settling basin (sand & solids) flows by gravity to Holding Pond #1, pumped to Holding Pond #2, then flows by gravity to Holding Pond #3, that is used as flush water. Mortalities are rendered or buried.

| Type of Storage | Total Storage Capacity (Specify Units) |
|--|---|
| <input type="checkbox"/> Anaerobic Lagoon | |
| <input type="checkbox"/> Covered Lagoon | |
| <input checked="" type="checkbox"/> Holding Pond | 3 ponds with approximately 3.5 million gallons |
| <input type="checkbox"/> Above Ground Storage Tank ("Slurrystore") | |
| <input type="checkbox"/> Below Ground Storage Tank | |
| <input type="checkbox"/> Settling Basin | |
| <input type="checkbox"/> Roofed Storage Shed | |
| <input type="checkbox"/> Concrete Pad | |
| <input type="checkbox"/> Impervious Soil Pad | |
| <input type="checkbox"/> Underfloor Pits | |
| <input type="checkbox"/> Anaerobic Digester | |
| <input type="checkbox"/> Manure Stacks | |
| <input type="checkbox"/> Vegetative Filter | |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> None | |

3. Do the storage structures have depth markers or staff gauges? ☒ YES ☐ NO

4. Are levels of manure in the storage structures recorded and records kept? ☐ YES ☒ NO

5. Do the storage structures have adequate freeboard? ☒ YES ☐ NO

6. Estimated final stage storage structure freeboard **36** in. of total depth **144** in.

7. Do facility personnel perform routine visual inspections of the storage structures? ☒ YES ☐ NO

8. Are the routine visual inspections documented? ☐ YES ☒ NO

9. Does the system have an outfall or discharge point? ☐ YES ☒ NO

If "YES", please provide a description (overflow pipe, spill way, etc. Include a description the area receiving the discharge).

10. Are there any portions of the production area where runoff is not controlled? ☒ YES ☐ NO

If "YES", provide a detailed description of the area(s) of concern:

Earthen feedlot area without containment.

MORTALITIES MANAGEMENT

1. How are mortalities managed? (Composted, buried, burned, rendering service, other)

Rendered with Darling.

2. Are mortalities documented and are records kept? ☒ YES ☐ NO

FACILITY WATER SOURCES

1. What type of method is used to provide drinking water for the animals?
☐ Overflow waters ☐ Tip Tanks ☐ Nipple waters ☒ Water Bowls ☐ Other _____
2. How is the water for animals obtained?
☐ Community PWS ☐ On-Site Well ☒ On-Site Impoundment ☐ Other _____
3. Is a mist cooling system used? ☐ YES ☒ NO
How is mist water contained?

DAIRY OPERATION (If No Dairy, skip this section)

1. How many times per day are cows milked? 2
2. Describe how the dairy's non-contact cooling water is contained (Example: it is reused for drinking water for the animals).
N/A
3. Describe how the milking parlor is cleaned (hose or flush) and where the process wastewater goes and how it is contained.
Manually hosed to the holding pond.
4. Describe how the tank(s) are washed and where the process wastewater goes and how it is contained.
Automatic tank cleaner to pond.
5. Describe where process wastewater from the plate cooler goes and how it is contained.
N/A

BEDDING (If No Bedding, skip this section)

1. Describe what type of bedding is used for the animals.
Sand
2. Describe how bedding is collected and how often.
Replaced by foot traffic attrition.
3. What is done with the used bedding? ☐ Reused ☒ Land Applied

MANURE COLLECTION

1. How is manure collected?
- ☐ Under Floor Pit
- ☐ Scraped: ☐ Automatic ☐ Manual
- ☒ Flush
- ☐ Solids Separator
- ☐ Other: _____
- ☐ None
2. If manure collection system uses either clean or reused water to flush, describe where this water goes and how it is contained.
- N/A**

FEED STORAGE CONTAINMENT

1. Describe how feed (silage, hay, etc) is contained.
- ☒ Bulk Bins
- ☐ Silage Pit
- ☒ Ag Bags
- ☒ Hay: ☒ Barn ☐ Outdoor
- ☐ Other: _____
2. Describe how feed (silage, hay, etc) runoff is contained.
- ☒ Not Applicable – Feed totally enclosed
- ☐ Other: _____
- ☐ None

RECEIVING SURFACE WATERS

1. Provide a description of the flow path from the facility to the nearest named surface water.

3/4 mile overland flow, unnamed tributary, west to Sugar Creek.

2. What is the name of the receiving stream?

Sugar Creek

3. Status of the named surface water: ☐ Intermittent ☒ Perennial

4. Are any unnatural bottom deposits observed in the receiving stream: ☐ YES ☒ NO

If "YES", provide a description of the deposits:

DISCHARGES

| | | |
|--|------------------------------|--|
| 1. Have there been any documented discharges of livestock waste to surface water <i>in the past year</i> ? If "NO" proceed to question 2. | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| a. If "YES", specify the date(s). _____ | | |
| b. What was the reason for the discharge? | | |
| c. Was the discharge the result of a 25 year-24 hour rainfall event? | | |
| | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. What was the precipitation amount? (if applicable) | | |
| e. Was IEMA notified of the discharge? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| f. Has the facility taken corrective action to remedy the situation which caused the discharge(s)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If "YES", describe actions taken: | | |
| 2. Is the facility currently discharging livestock waste from the production area? If "NO" proceed to next section. | | |
| | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| a. Was the discharge the result of a 25 year-24 hour rainfall event? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. What was the precipitation amount? (if applicable) | | |
| c. What is the reason for the discharge? | | |
| d. Number of water quality samples taken: <u>0</u> | | |
| e. Locations of Water Quality Samples Relative to Discharge Flow: <input type="checkbox"/> Discharge Point/Flow Path <input type="checkbox"/> Upstream Waters of US <input type="checkbox"/> Confluence Waters of US <input type="checkbox"/> Downstream Waters of US <input type="checkbox"/> Other _____ | | |
| f. What parameter(s) tested? <input type="checkbox"/> pH <input type="checkbox"/> Ammonia <input type="checkbox"/> Nitrate <input type="checkbox"/> Nitrite <input type="checkbox"/> Phosphorus <input type="checkbox"/> BOD ₅ <input type="checkbox"/> Total Susp Solids <input type="checkbox"/> Fecal <input type="checkbox"/> Diss O ₂ <input type="checkbox"/> Other _____ | | |
| g. Describe Flow Path to "Waters of US": | | |

BIOSECURITY – Inspection Activities

| | | |
|--|---|--|
| 1. Were biosecurity measures discussed with the facility prior to inspection? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Has there been 24-hours downtime between inspections for all IEPA personnel present? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Was the order of inspection conducted from high risk to low risk? | <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Did all personnel stay outside livestock management and livestock waste handling facilities as defined in 35 IAC 501.285 and 35 IAC 501.300? If "YES" skip to question 7. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |

BIOSECURITY – Personal Protection Equipment

| | | | |
|--|--|--|-----------------------------|
| 5. Was sanitary footwear donned prior to entering the livestock management/waste handling facility(s)? | <input checked="" type="checkbox"/> N/A Did not Enter | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Were disposable coveralls donned prior to entering the livestock management/waste handling facility(s)? | <input checked="" type="checkbox"/> N/A Did not Enter | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Was sanitary footwear used during the inspection? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 8. Was disposable sanitary outerwear disposed at the facility? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | |

BIOSECURITY – Vehicle

| | | |
|---|---|--|
| 9. Was the vehicle parking location discussed with the facility prior to inspection? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. Was the vehicle washed since the inspection prior to current? If "YES" skip question 11. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 11. Was the vehicle parked >300-feet from the livestock management/waste handling facility? Explain where vehicle was parked: | <input type="checkbox"/> N/A | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 12. Was IEPA vehicle used on site? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 13. Was facility vehicle used on site? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

BIOSECURITY – Inspection Equipment

| | | |
|---|---|--|
| 14. Was all equipment wiped down with anti-bacterial wipes? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 15. Was sample cooler kept inside vehicle during inspection? If "YES" skip question 16. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| 16. Was sample cooler wiped down with antibacterial wipes before placing back into vehicle? | <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> YES <input type="checkbox"/> NO |

OTHER COMMENTS/NOTES**See attached "Field Investigation Notes."**Check all attachments: ☒ Narrative ☒ Photos ☒ Site Plan ☐ Sample Results**INSPECTOR'S SIGNATURE****REPORT DATE****08/28/13**